
County: Dane OREGON MANOR, LTD. 354 NORTH MAIN STREET OREGON 53575 Phone: (608) 835-3535

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 45

Total Licensed Bed Capacity (12/31/00): 45

Number of Residents on 12/31/00: 45 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Corporati on Skilled No Yes Average Daily Census: 45

Services Provided to Non-Residents	Į	Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No No	Primary Diagnosis Developmental Disabilities	2. 2	Age Groups Under 65	0. 0	Less Than 1 Year 1 - 4 Years More Than 4 Years	22. 2 42. 2 35. 6
Day Services Respite Care Adult Day Care	No No No	Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse	42. 2 11. 1 13. 3	65 - 74 75 - 84 85 - 94	6. 7 35. 6 51. 1	*******	100.0
Adult Day Health Care Congregate Meals Home Delivered Meals	No No Yes	Para-, Quadra-, Hemi plegic Cancer Fractures	2. 2 0. 0 4. 4	95 & 0ver	6. 7 100. 0	Full-Time Equivaler Nursing Staff per 100 R (12/31/00)	nt esi dents
Other Meals Transportation Referral Service	No No No	Cardi ovascul ar Cerebrovascul ar Di abetes	17. 8 4. 4 2. 2	65 & 0ver 	100. 0	RNs LPNs	4. 4 13. 3
Other Services Provide Day Programming for	No No	Respiratory Other Medical Conditions	0. 0 0. 0	 Male	20. 0	Nursing Assistants Aides & Orderlies	46. 3
Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No No	**********	100. 0	Female	80. 0 100. 0 *******	**********	*****

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)		Other Pri			Private Pay			Manageo	d Care	Percent		
			Per Die	m	Per Die	em		Per Die	m		Per Dien	1	i l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	% Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0 0.	0 \$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	Ŏ	0. 0	\$0.00	32 100.		Ŏ	0. 0	\$0.00	13		\$145.00	Ŏ	0. 0	\$0.00	45	100. 0%
Intermedi ate				0 0.	0 \$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0 0.	0 \$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0 0.	0 \$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0 0.	0 \$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0 0.	0 \$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0. 00	0 0.	0 \$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0 0.	0 \$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0. 0		32 100.	0	0	0.0		13	100.0		0	0.0		45	100.0%

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as of	12/31/00
Deaths During Reporting Period						<u> </u>	
					Needi ng		Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	6. 7	Bathi ng	0.0		40. 0	60. 0	45
Other Nursing Homes	60. 0	Dressing	13. 3		48. 9	37. 8	45
Acute Care Hospitals	13. 3	Transferring	22. 2		44. 4	33. 3	45
Psych. HospMR/DD Facilities	0.0	Toilet Use	17.8		46. 7	35. 6	45
Reĥabilitation Hospitals	0. 0	Eating	64. 4		15. 6	20. 0	45
Other Locations	20. 0	**************	******	******	*******	********	******
Total Number of Admissions	15	Continence		%	Special Trea		%
Percent Discharges To:		Indwelling Or Externa	al Catheter	4.4	Recei vi ng	Respiratory Care	0. 0
Private Home/No Home Health	0. 0	Occ/Freq. Incontinent	t of Bladder	82. 2	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	28. 9	Recei vi ng	Suctioning ~	0. 0
Other Nursing Homes	0.0	•			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	13. 3	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	6. 7	Physically Restraine	d	4.4	Recei vi ng	Mechanically Altered D	iets 46.7
Reĥabilitation Hospitals	0. 0				J	ŭ	
Other Locations	13. 3	Skin Care			Other Reside	nt Characteristics	
Deaths	66. 7	With Pressure Sores		0. 0	Have Advan	ce Directives	91. 1
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	15				Recei vi ng	Psychoactive Drugs	62. 2
*****************	*****	*********************	**********	******	******	*******	******

	Ownershi p:		Bed	Bed Size:		Li censure:			
	Thi s	This Proprietary		Under 50		Skilled		Al l	
	Facility	Peer Group		Peer Group		Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100. 0	82. 5	1. 21	87. 9	1. 14	84. 1	1. 19	84. 5	1. 18
Current Residents from In-County	80. 0	83. 3	0. 96	72. 9	1. 10	83. 5	0. 96	77. 5	1.03
Admissions from In-County, Still Residing	46. 7	19. 9	2. 35	31. 0	1. 50	22. 9	2.04	21. 5	2. 17
Admissions/Average Daily Census	33. 3	170. 1	0. 20	70. 7	0.47	134. 3	0. 25	124. 3	0. 27
Discharges/Average Daily Census	33. 3	170. 7	0. 20	76. 4	0.44	135.6	0. 25	126. 1	0. 26
Discharges To Private Residence/Average Daily Census	0. 0	70.8	0.00	14. 6	0.00	53. 6	0.00	49. 9	0.00
Residents Receiving Skilled Care	100	91. 2	1. 10	86. 1	1. 16	90. 1	1. 11	83. 3	1. 20
Residents Aged 65 and Older	100	93. 7	1. 07	97. 8	1.02	92. 7	1.08	87. 7	1. 14
Title 19 (Medicaid) Funded Residents	71. 1	62. 6	1. 14	59. 8	1. 19	63. 5	1. 12	69. 0	1.03
Private Pay Funded Residents	28. 9	24. 4	1. 18	37. 1	0. 78	27. 0	1.07	22. 6	1. 28
Developmentally Disabled Residents	2. 2	0.8	2. 88	1.4	1.60	1. 3	1. 77	7. 6	0. 29
Mentally III Résidents	53. 3	30. 6	1.74	36. 6	1.46	37. 3	1. 43	33. 3	1.60
General Medical Service Residents	0.0	19. 9	0.00	13. 0	0.00	19. 2	0.00	18. 4	0.00
Impaired ADL (Mean)	57. 3	48. 6	1. 18	50.6	1. 13	49. 7	1. 15	49. 4	1. 16
Psychological Problems	62. 2	47. 2	1. 32	63. 4	0. 98	50. 7	1. 23	50. 1	1. 24
Nursing Care Required (Mean)	5.8	6. 2	0. 95	8. 0	0. 73	6. 4	0. 91	7. 2	0.82